

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
 03-07-2001 90605 011 ***150.00

DOCUMENT # P99000046318

1. Entity Name
TSM SERVICES, INC.

Principal Place of Business

~~3680 MAX PLACE~~
~~APT 201~~
BOYNTON BEACH FL 33436

Mailing Address

~~3680 MAX PLACE~~
~~APT 201~~
BOYNTON BEACH FL 33436

2. Principal Place of Business

4920 NW 2nd Court
 Suite, Apt. #, etc.

3. Mailing Address

4920 NW 2nd Court
 Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton FL

Zip

33431

Country

US

Zip

33431

Country

US

4. FEI Number

65-0930604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREVEMEYER, LISA K
3680 MAX PLACE
APT 201
BOYNTON BEACH FL 33436

Name

Grevenmeyer, Lisa K

Street Address (P.O. Box Number is Not Acceptable)

4920 NW 2nd Court

City

Boca Raton

FL

Zip Code

33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Lisa Grevenmeyer
 Signature, typed or printed name of registered agent and title, if applicable.

Lisa Grevenmeyer, President

3-3-01

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GREVEMEYER, LISA K**
 STREET ADDRESS **3680 MAX PLACE APT 201**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VP** ☐ Delete
 NAME **GREVEMEYER, STEVEN E**
 STREET ADDRESS **3680 MAX PLACE APT 201**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
 NAME **Lisa K Grevenmeyer**
 STREET ADDRESS **4920 NW 2nd Court**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Steven E Grevenmeyer**
 STREET ADDRESS **4920 NW 2nd Court**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Grevenmeyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-01
 Date

561-417-6737
 Daytime Phone #

CR2E034 (10/00)